



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 8559-01-07-18.51.08.972022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76106
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S.3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 14.504 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30380 Liquid
Gallon

Amount in Package: 28931 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: TILX 731698

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: 100 (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release
31. Emergency Response : The following entities responded to the incident: (Check all that apply)
☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup
32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No
If yes, enter the following information: If no, go to question 33.
Material Loss: \$ 0 Carrier Damage: \$ 0 Property Damage: \$ 0 Response Cost: \$ 10000 Remediation/Cleanup Cost: \$ 0
(See damage definitions in the instructions)
- 33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No
If yes, enter the number of fatalities resulting from the hazardous material:
Fatalities: Employees _____ Responders _____ General Public _____
- 33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____
34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No
If yes, enter the number of injuries resulting from the hazardous material:
Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____
Non-Hospitalized: Employees _____ Responders _____ General Public _____
(e.g.: On site first aid or Emergency Room observation and release)
35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No
If yes, provide the following information:
Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____
Duration of the evacuation _____ (hours)
36. Was a major transportation artery or facility closed? ☐ Yes ☒ No If yes, how many? _____ (hours)
37. Was the material involved in a crash or derailment? ☒ Yes ☐ No
If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear
Vehicle overturn? ☐ Yes ☒ No
Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No
If yes, was it tendered as cargo, or as passenger baggage?
☐ Cargo ☐ Passenger baggage
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?
☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)
☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022, a Key Train of Ethanol derailed and 28 tank cars released ethanol and caught fire. This tank car released product through the manway gasket which burned out in the fire.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/01/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



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PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 4395-01-07-18.51.08.822022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S.3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 21.281 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>
2. What Failed: <u>106</u>	How Failed: <u>301</u>	Causes of Failure: <u>509</u>

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30380 Liquid
Gallon

Amount in Package: 28936 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: TILX 731775

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: _____ Carrier Damage: _____ Property Damage: _____ Response Cost: _____ Remediation/Cleanup Cost: _____
\$ 0 \$ 0 \$ 0 \$ 10000 \$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: _____ Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): _____ Employees _____ Responders _____ General Public _____

Non-Hospitalized: _____ Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of ethanol derailed and 28 tank cars released ethanol and caught fire. Tank car had sever fire damage and BOV adapter was sheared off.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/01/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



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PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper Unavailable Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 28.931 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>106</u>	How Failed: <u>310</u>	Causes of Failure: <u>509</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30300 Liquid
Gallon

Amount in Package: 28931 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: TILX 731680

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: \$ 0 Carrier Damage: \$ 0 Property Damage: \$ 0 Response Cost: \$ 10000 Remediation/Cleanup Cost: \$ 0
(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of ethanol derailed 28 tank cars that released ethanol and caught fire. Tank car had severe fire damage, BOV and skid torn off.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/01/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 4159-01-07-18.51.08.832022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 17.657 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>
2. What Failed: <u>106</u>	How Failed: <u>312</u>	Causes of Failure: <u>509</u>

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30350 Liquid
Gallon

Amount in Package: 28934 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: TILX 731721

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: _____ Carrier Damage: _____ Property Damage: _____ Response Cost: _____ Remediation/Cleanup Cost: _____
\$ 0 \$ 0 \$ 0 \$ 10000 \$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: _____ Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): _____ Employees _____ Responders _____ General Public _____

Non-Hospitalized: _____ Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of ethanol derailed and 28 tank cars released product and caught fire. Tank car had severe fire damage, BOV adapter sheared off, manway gasket burned out and leaked.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/01/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

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INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 8699-01-07-18.51.08.972022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 26.239 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>134</u>	How Failed: <u>308</u>	Causes of Failure: <u>502</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30340 Liquid
Gallon

Amount in Package: 28915 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: TILX 731782

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: \$ 0 Carrier Damage: \$ 0 Property Damage: \$ 0 Response Cost: \$ 10000 Remediation/Cleanup Cost: \$ 0
(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of ethanol derailed and 28 tank cars leaked ethanol and caught fire. Tank Car had sever fire damage, protective housing bent in, broken liquid line valve, BOV adapter sheared.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/01/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

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PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 4321-01-07-18.51.08.822022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 27.407 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>134</u>	How Failed: <u>308</u>	Causes of Failure: <u>502</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30300 Liquid

Amount in Package: 28939 Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: CRDX 300110

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: \$ 0 Carrier Damage: \$ 0 Property Damage: \$ 0 Response Cost: \$ 10000 Remediation/Cleanup Cost: \$ 0
(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars released ethanol and caught fire. Tank Car had severe fire damage, Protective housing compromised, valves bent and broken, BOV adapter sheared

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ([REDACTED])

Contact's Title: Mgr Haz Mat

Fax Number: () [REDACTED]

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address: [REDACTED]

Date: 02/01/22

Preparer is: ☒ Carrier ☐ Shipper ☐ Facility☐ Shipper ☐ Facility☐ Facility☐ Other _____



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 9463-01-07-18.51.08.692022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S.3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 26.375 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>106</u>	How Failed: <u>308</u>	Causes of Failure: <u>509</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30220 Liquid
Gallon

Amount in Package: 28940 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: CRDX 300070

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: \$ 0 Carrier Damage: \$ 0 Property Damage: \$ 0 Response Cost: \$ 10000 Remediation/Cleanup Cost: \$ 0
(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of ethanol derailed and 28 tank cars released ethanol and caught fire. Tank car had severe fire damage, BOV adapter sheared off

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of ethanol derailed and 28 tank cars released ethanol and caught fire. Tank car had severe fire damage, BOV adapter sheared off

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print):	<u>Paul Hester</u>	Telephone Number:	(<u> </u>) <u> </u>
Contact's Title:	<u>Mgr Haz Mat</u>	Fax Number:	(<u> </u>) <u> </u>
Business Name and Address:	<u>BNSF Railway Company</u>	Hazmat Registration Number (if not already provided):	<u>062615552003XZ</u>
	<u>2600 Lou Menk Drive, Fort Worth, Texas 76131</u>	Date:	<u>02/01/22</u>
E-mail Address:	<u>[REDACTED]</u>		
Preparer is:	<input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____		

Contact's Name (Type or Print):	<u>Paul Hester</u>	Telephone Number:	(<u> </u>) <u> </u>
Contact's Title:	<u>Mgr Haz Mat</u>	Fax Number:	(<u> </u>) <u> </u>
Business Name and Address:	<u>BNSF Railway Company</u>	Hazmat Registration Number (if not already provided):	
	<u>2600 Lou Menk Drive, Fort Worth, Texas 76131</u>		<u>062615552003XZ</u>
E-mail Address:	<u>[REDACTED]</u>	Date:	<u>02/01/22</u>
Preparer is:	<input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____		

Contact's Name (Type or Print):	<u>Paul Hester</u>	Telephone Number:	() <u>[REDACTED]</u>
Contact's Title:	<u>Mgr Haz Mat</u>	Fax Number:	() <u>[REDACTED]</u>
Business Name and Address:	<u>BNSF Railway Company</u>	Hazmat Registration Number (if not already provided):	
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E-mail Address:	<u>[REDACTED]</u>	Date:	<u>02/01/22</u>
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	<u>2600 Lou Menk Drive, Fort Worth, Texas 76131</u>		<u>062615552003XZ</u>
E-mail Address:	<u>[REDACTED]</u>	Date:	<u>02/01/22</u>
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Contact's Title:	<u>Mgr Haz Mat</u>	Fax Number:	(<u> </u>) <u> </u>
Business Name and Address:	<u>BNSF Railway Company</u>	Hazmat Registration Number (if not already provided):	<u>062615552003XZ</u>
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Preparer is:	<input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____		

Contact's Name (Type or Print):	<u>Paul Hester</u>	Telephone Number:	() <u>[REDACTED]</u>
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Business Name and Address:	<u>BNSF Railway Company</u>	Hazmat Registration Number (if not already provided):	<u>062615552003XZ</u>
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E-mail Address:	<u>[REDACTED]</u>		
Preparer is:	<input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____		

Contact's Name (Type or Print):	<u>Paul Hester</u>	Telephone Number:	() <u>[REDACTED]</u>
Contact's Title:	<u>Mgr Haz Mat</u>	Fax Number:	() <u>[REDACTED]</u>
Business Name and Address:	<u>BNSF Railway Company</u>	Hazmat Registration Number (if not already provided):	
	<u>2600 Lou Menk Drive, Fort Worth, Texas 76131</u>		<u>062615552003XZ</u>
E-mail Address:	<u>[REDACTED]</u>	Date:	<u>02/01/22</u>
Preparer is:	<input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____		

Contact's Name (Type or Print):	<u>Paul Hester</u>	Telephone Number:	(<u> </u>) <u> </u>
Contact's Title:	<u>Mgr Haz Mat</u>	Fax Number:	(<u> </u>) <u> </u>
Business Name and Address:	<u>BNSF Railway Company</u>	Hazmat Registration Number (if not already provided):	
	<u>2600 Lou Menk Drive, Fort Worth, Texas 76131</u>		<u>062615552003XZ</u>
E-mail Address:	<u>[REDACTED]</u>	Date:	<u>02/01/22</u>
Preparer is:	<input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____		

Contact's Name (Type or Print):	<u>Paul Hester</u>	Telephone Number:	(<u> </u>) <u> </u>
Contact's Title:	<u>Mgr Haz Mat</u>	Fax Number:	(<u> </u>) <u> </u>
Business Name and Address:	<u>BNSF Railway Company</u>	Hazmat Registration Number (if not already provided):	
	<u>2600 Lou Menk Drive, Fort Worth, Texas 76131</u>		<u>062615552003XZ</u>
E-mail Address:	<u>[REDACTED]</u>	Date:	<u>02/01/22</u>
Preparer is:	<input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____		



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 6941-01-07-18.51.08.752022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 28.961 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>134</u>	How Failed: <u>312</u>	Causes of Failure: <u>509</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30240 Liquid
Gallon

Amount in Package: 28961 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: CRDX 300133

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: \$ 0 Carrier Damage: \$ 0 Property Damage: \$ 0 Response Cost: \$ 10000 Remediation/Cleanup Cost: \$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars released ethanol and caught fire. Tank car has severe fire damage, Protective housing compromised, liquid valve broken off, BOV adapter sheared off, skid damaged

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/01/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

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INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 7305-01-07-18.51.08.742022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 23.953 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30390 Liquid
Gallon

Amount in Package: 28932 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: TILX 731379

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: _____ Carrier Damage: _____ Property Damage: _____ Response Cost: _____ Remediation/Cleanup Cost: _____
\$ 0 \$ 0 \$ 0 \$ 10000 \$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: _____ Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): _____ Employees _____ Responders _____ General Public _____

Non-Hospitalized: _____ Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars released ethanol and caught fire. Tank car had severe fire damage, manway gasket burned out, skid damage, BOV adapter sheared.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/01/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

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PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 7065-01-07-18.51.08.752022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 10.567 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>134</u>	How Failed: <u>310</u>	Causes of Failure: <u>509</u>
2. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30440 Liquid
Gallon

Amount in Package: 28914 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: Trinity

Serial Number: TILX 731462

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: _____ Carrier Damage: _____ Property Damage: _____ Response Cost: _____ Remediation/Cleanup Cost: _____
\$ 0 \$ 0 \$ 0 \$ 10000 \$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: _____ Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): _____ Employees _____ Responders _____ General Public _____

Non-Hospitalized: _____ Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars released ethanol and caught fire. Tank car had severe fire damage, Protective housing and all valves sheared off, BOV adapter sheared off, Manway gasket burned out.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/01/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 7145-01-07-18.51.08.752022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 28.935 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>149</u>	How Failed: <u>309</u>	Causes of Failure: <u>509</u>
2. What Failed: <u>137</u>	How Failed: <u>301</u>	Causes of Failure: <u>509</u>

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30420 Liquid
Gallon

Amount in Package: 28935 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: Trinity

Manufacture Date: 03/01/20

Serial Number: TILX 731464

Last Test Date: _____

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release
31. Emergency Response : The following entities responded to the incident: (Check all that apply)
☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup
32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No
If yes, enter the following information: If no, go to question 33.
Material Loss: \$ 0 Carrier Damage: \$ 0 Property Damage: \$ 0 Response Cost: \$ 10000 Remediation/Cleanup Cost: \$ 0
(See damage definitions in the instructions)
- 33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No
If yes, enter the number of fatalities resulting from the hazardous material:
Fatalities: Employees _____ Responders _____ General Public _____
- 33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____
34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No
If yes, enter the number of injuries resulting from the hazardous material:
Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____
Non-Hospitalized: Employees _____ Responders _____ General Public _____
(e.g.: On site first aid or Emergency Room observation and release)
35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No
If yes, provide the following information:
Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____
Duration of the evacuation _____ (hours)
36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)
37. Was the material involved in a crash or derailment? ☒ Yes ☐ No
If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear
Vehicle overturn? ☐ Yes ☒ No
Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No
If yes, was it tendered as cargo, or as passenger baggage?
☐ Cargo ☐ Passenger baggage
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?
☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)
☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars released ethanol and caught fire. Tank Car had severe fire damage, Protective housing compromised, manway compromised (eyebolt sheared off), BOV adapter sheared off, hole in B end Head.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/01/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

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PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 2617-01-07-18.51.08.612022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 15.465 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: \$ 0 Carrier Damage: \$ 0 Property Damage: \$ 0 Response Cost: \$ 10000 Remediation/Cleanup Cost: \$ 0
(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars released ethanol and caught fire. Tank Car had severe fire damage, hole in right side bottom, protective housing compromised, BOV adapter sheared off.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/01/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



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PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 9553-01-07-18.51.08.692022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 19.297 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION			
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:			
<input type="checkbox"/> Non-bulk <input type="checkbox"/> Cylinder	<input type="checkbox"/> IBC <input type="checkbox"/> RAM	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) <input type="checkbox"/> Portable Tank	<input checked="" type="checkbox"/> Tank Car <input type="checkbox"/> Other <u>N/A</u>
25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.			
1. What Failed: <u>137</u>	How Failed: <u>312</u>	Causes of Failure: <u>509</u>	
2. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>	
26a. Provide the packaging identification markings, if available.			
Identification Markings: <u>117J100W</u>			
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)			
26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Packaging Type: <u>N/A</u>		Packaging Type: <u>N/A</u>	
Material of Construction: <u>N/A</u>		Material of Construction: <u>N/A</u>	
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable			
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity: <u>30360</u> Liquid Gallon	Package Capacity: <u>0</u>		
Amount in Package: <u>28949</u> Liquid Gallon	Amount in Package: <u>0</u>		
Number in Shipment: <u>1</u>	Number in Shipment: <u>0</u>		
Number Failed: <u>1</u>	Number Failed: <u>0</u>		
28. Provide packaging construction and test information, as appropriate:			
Manufacturer: <u>N/A</u>		Manufacture Date: <u>10/01/20</u>	
Serial Number: <u>TILX 731748</u>		Last Test Date: _____	
Material of Construction: <u>Steel</u>		(if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure: _____		(if Tank Car, CTMV, Portable Tank)	
Shell Thickness: _____		(if Tank Car, CTMV, Portable Tank)	
Head Thickness: _____		(if Tank Car, CTMV)	
Service Pressure: _____		(if Cylinder)	
If valve or device failed:			
Type: <u>N/A</u>	Manufacturer: <u>UNKNOWN</u> (if present and legible)	Model: <u>UNKNOWN</u> (if present and legible)	
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial			
Packaging Certification: <input type="checkbox"/> Self Certified <input type="checkbox"/> U.S. Certification	Certification Number <u>N/A</u>		
Nuclide(s) Present: <u>N/A</u>	Transport Index: <u>N/A</u>		
Activity: <u>N/A</u>	Critical Safety Index: <u>N/A</u>		

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:
\$ 0	\$ 0	\$ 0	\$ 10000	\$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

<input type="checkbox"/> Air carrier cargo facility	<input type="checkbox"/> Sort center	<input type="checkbox"/> Baggage area
<input type="checkbox"/> By surface to/from airport	<input type="checkbox"/> During flight	<input type="checkbox"/> During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

<input type="checkbox"/> Shipment had not been transported	<input type="checkbox"/> Transported by air (first flight)	<input type="checkbox"/> Transport by air (subsequent flights)
<input type="checkbox"/> Initial transport by highway to cargo facility	<input type="checkbox"/> Transfer at sort center/cargo facility	

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars released ethanol and caught fire. Tank Car had severe fire damage, manway compromised (one eyebolt sheared off), BOV adapter sheared off.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper Unavailable Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3 ,II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 26.258 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>150</u>	How Failed: <u>309</u>	Causes of Failure: <u>509</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30380 Liquid
Gallon

Amount in Package: 28934 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: TILX 731754

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: _____ Carrier Damage: _____ Property Damage: _____ Response Cost: _____ Remediation/Cleanup Cost: _____
\$ 0 \$ 0 \$ 0 \$ 10000 \$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: _____ Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): _____ Employees _____ Responders _____ General Public _____

Non-Hospitalized: _____ Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2020 a Key Train of Ethanol derailed and 28 tank cars released ethanol and caught fire. Tank Car had severe fire damage, puncture in AR tank shell, BOV adapter sheared off, skid damaged

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

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INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 9703-01-07-18.51.08.682022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 21.758 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30360 Liquid

Amount in Package: 28916 Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: TILX 731717

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: _____ Carrier Damage: _____ Property Damage: _____ Response Cost: _____ Remediation/Cleanup Cost: _____
\$ 0 \$ 0 \$ 0 \$ 10000 \$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: _____ Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): _____ Employees _____ Responders _____ General Public _____

Non-Hospitalized: _____ Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars released ethanol and caught fire. Tank Car had severe fire damage, Protective housing compromised, BOV adapter sheared off, Manway gasket burned out.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

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PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 9621-01-07-18.51.08.682022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 28.935 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION					
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:					
<input type="checkbox"/> Non-bulk	<input type="checkbox"/> IBC	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)	<input checked="" type="checkbox"/> Tank Car		
<input type="checkbox"/> Cylinder	<input type="checkbox"/> RAM	<input type="checkbox"/> Portable Tank	<input type="checkbox"/> Other <u>N/A</u>		
25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.					
1. What Failed: <u>149</u>	How Failed: <u>309</u>	Causes of Failure: <u>509</u>			
2. What Failed: <u>106</u>	How Failed: <u>312</u>	Causes of Failure: <u>509</u>			
26a. Provide the packaging identification markings, if available.					
Identification Markings: <u>117J100W</u>					
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)					
26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:					
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):			
Packaging Type: <u>N/A</u>		Packaging Type: <u>N/A</u>			
Material of Construction: <u>N/A</u>		Material of Construction: <u>N/A</u>			
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable					
27. Describe the package capacity and the quantity:					
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):			
Package Capacity: <u>30340</u> <u>Liquid Gallon</u>		Package Capacity: <u>0</u>			
Amount in Package: <u>28935</u> <u>Liquid Gallon</u>		Amount in Package: <u>0</u>			
Number in Shipment: <u>1</u>		Number in Shipment: <u>0</u>			
Number Failed: <u>1</u>		Number Failed: <u>0</u>			
28. Provide packaging construction and test information, as appropriate:					
Manufacturer: <u>N/A</u>		Manufacture Date: <u>10/01/20</u>			
Serial Number: <u>N/A</u>		Last Test Date: _____			
Material of Construction: <u>Steel</u>		(if Tank Car, CTMV, Portable Tank, or Cylinder)			
Design Pressure: _____		(if Tank Car, CTMV, Portable Tank)			
Shell Thickness: _____		(if Tank Car, CTMV, Portable Tank)			
Head Thickness: _____		(if Tank Car, CTMV)			
Service Pressure: _____		(if Cylinder)			
If valve or device failed:					
Type: <u>N/A</u>	Manufacturer: <u>UNKNOWN</u>	Model: <u>UNKNOWN</u>			
	(if present and legible)	(if present and legible)			
29. If the packaging is for Radioactive Materials, complete the following:					
Packaging Category:	<input type="checkbox"/> Type A	<input type="checkbox"/> Type B	<input type="checkbox"/> Type C	<input type="checkbox"/> Excepted	<input type="checkbox"/> Industrial
Packaging Certification:	<input type="checkbox"/> Self Certified	<input type="checkbox"/> U.S. Certification	Certification Number <u>N/A</u>		
Nuclide(s) Present: <u>N/A</u>	Transport Index: <u>N/A</u>				
Activity: <u>N/A</u>	Critical Safety Index: <u>N/A</u>				
Form DOT F 5800.1 (01-2004)					
Page 2					
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PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:
\$ 0	\$ 0	\$ 0	\$ 10000	\$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

<input type="checkbox"/> Air carrier cargo facility	<input type="checkbox"/> Sort center	<input type="checkbox"/> Baggage area
<input type="checkbox"/> By surface to/from airport	<input type="checkbox"/> During flight	<input type="checkbox"/> During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

<input type="checkbox"/> Shipment had not been transported	<input type="checkbox"/> Transported by air (first flight)	<input type="checkbox"/> Transport by air (subsequent flights)
<input type="checkbox"/> Initial transport by highway to cargo facility	<input type="checkbox"/> Transfer at sort center/cargo facility	

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars released product and caught fire. Tank car had severe fire damage, hole in head and shell, BOV sheared off.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 6239-01-07-18.51.08.512022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 19.447 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

☐ Non-bulk ☐ IBC ☐ Cargo tank Motor Vehicle (CTMV) ☒ Tank Car
☐ Cylinder ☐ RAM ☐ Portable Tank ☐ Other N/A

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: 121 How Failed: 308 Causes of Failure: 512
2. What Failed: How Failed: Causes of Failure:

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30370 Liquid Gallon

Amount in Package: 28938 Liquid Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Manufacture Date: 10/01/20

Serial Number: N/A

Last Test Date: _____

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN
(if present and legible) (if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: \$ 0 Carrier Damage: \$ 0 Property Damage: \$ 0 Response Cost: \$ 10000 Remediation/Cleanup Cost: \$ 0
(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars released product and caught fire. Tank Car had severe fire damage, manway gasket burned out.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester Telephone Number: ()

Telephone Number: ([REDACTED])

Contact's Title: Mgr Haz Mat Fax Number: () [REDACTED]

Fax Number: () [REDACTED]

Business Name and Address: BNSF Railway Company Hazmat Registration Number (if not already provided): _____

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131 062615552003XZ

062615552003XZ

E-mail Address: [REDACTED] Date: 02/03/22

Date: 02/03/22

Preparer is: ☒ Carrier ☐ Shipper ☐ Facility ☐ Other _____



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 2775-01-07-18.51.08.602022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 28.930 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>150</u>	How Failed: <u>308</u>	Causes of Failure: <u>509</u>
2. What Failed: <u>150</u>	How Failed: <u>309</u>	Causes of Failure: <u>509</u>

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30280 Liquid
Gallon

Amount in Package: 28930 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: N/A

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: _____ Carrier Damage: _____ Property Damage: _____ Response Cost: _____ Remediation/Cleanup Cost: _____
\$ 0 \$ 0 \$ 0 \$ 10000 \$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: _____ Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): _____ Employees _____ Responders _____ General Public _____

Non-Hospitalized: _____ Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars released ethanol and caught fire. Tank car had severe fire damage, BR hole in shell, BOV adapter sheared off.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 6335-01-07-18.51.08.512022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: N/A (if applicable) 19. Quantity Released: 28.937 Solid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>106</u>	How Failed: <u>312</u>	Causes of Failure: <u>509</u>
2. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30240 Liquid
Gallon

Amount in Package: 28937 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Manufacture Date: 11/01/15

Serial Number: N/A

Last Test Date: _____

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:
\$ 0	\$ 0	\$ 0	\$ 10000	\$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

<input type="checkbox"/> Air carrier cargo facility	<input type="checkbox"/> Sort center	<input type="checkbox"/> Baggage area
<input type="checkbox"/> By surface to/from airport	<input type="checkbox"/> During flight	<input type="checkbox"/> During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

<input type="checkbox"/> Shipment had not been transported	<input type="checkbox"/> Transported by air (first flight)	<input type="checkbox"/> Transport by air (subsequent flights)
<input type="checkbox"/> Initial transport by highway to cargo facility	<input type="checkbox"/> Transfer at sort center/cargo facility	

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars released ethanol and caught fire. Tank car had severe fire damage, BOV adapter sheared, Manway gasket burned out.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 2701-01-07-18.51.08.602022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 18.196 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30180 Liquid
Gallon

Amount in Package: 28915 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: N/A

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: _____ Carrier Damage: _____ Property Damage: _____ Response Cost: _____ Remediation/Cleanup Cost: _____
\$ 0 \$ 0 \$ 0 \$ 10000 \$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: _____ Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): _____ Employees _____ Responders _____ General Public _____

Non-Hospitalized: _____ Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed and 28 tank cars released ethanol and caught fire. Tank Car had severe fire damage, BOV adapter sheared, BOV seats burned out, manway gasket burned out.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

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PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 6135-01-07-18.51.08.512022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 6.345 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30370 Liquid
Gallon

Amount in Package: 28935 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: N/A

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release
31. Emergency Response : The following entities responded to the incident: (Check all that apply)
☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup
32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No
If yes, enter the following information: If no, go to question 33.
Material Loss: \$ 0 Carrier Damage: \$ 0 Property Damage: \$ 0 Response Cost: \$ 10000 Remediation/Cleanup Cost: \$ 0
(See damage definitions in the instructions)
- 33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No
If yes, enter the number of fatalities resulting from the hazardous material:
Fatalities: Employees _____ Responders _____ General Public _____
- 33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____
34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No
If yes, enter the number of injuries resulting from the hazardous material:
Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____
Non-Hospitalized: Employees _____ Responders _____ General Public _____
(e.g.: On site first aid or Emergency Room observation and release)
35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No
If yes, provide the following information:
Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____
Duration of the evacuation _____ (hours)
36. Was a major transportation artery or facility closed? ☐ Yes ☒ No If yes, how many? _____ (hours)
37. Was the material involved in a crash or derailment? ☒ Yes ☐ No
If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear
Vehicle overturn? ☐ Yes ☒ No
Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No
If yes, was it tendered as cargo, or as passenger baggage?
☐ Cargo ☐ Passenger baggage
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?
☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)
☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, a Key Train of Ethanol derailed and 28 tank cars released ethanol and caught fire. Tank car had severe fire damage, BOV adapter sheared, Manway gasket burned out.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 9829-01-07-18.51.08.422022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 16.596 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30210 Liquid
Gallon

Amount in Package: 28956 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: N/A

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: _____ Carrier Damage: _____ Property Damage: _____ Response Cost: _____ Remediation/Cleanup Cost: _____
\$ 0 \$ 0 \$ 0 \$ 10000 \$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: _____ Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): _____ Employees _____ Responders _____ General Public _____

Non-Hospitalized: _____ Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed, 28 tank cars released ethanol and caught fire. Tank car had severe fire damage, protective housing compromised, manway gasket burned out.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

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INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 9747-01-07-18.51.08.422022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 17.948 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>106</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>
2. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30210 Liquid

Amount in Package: 28943 Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: N/A

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: \$ 0 Carrier Damage: \$ 0 Property Damage: \$ 0 Response Cost: \$ 10000 Remediation/Cleanup Cost: \$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed, 28 tank cars released ethanol and caught fire. Tank car had severe fire damage, BOV leaked, manway gasket burned out.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

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PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 9651-01-07-18.51.08.422022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 3.389 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION			
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:			
<input type="checkbox"/> Non-bulk	<input type="checkbox"/> IBC	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)	<input checked="" type="checkbox"/> Tank Car
<input type="checkbox"/> Cylinder	<input type="checkbox"/> RAM	<input type="checkbox"/> Portable Tank	<input type="checkbox"/> Other <u>N/A</u>

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>106</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>
2. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Packaging Type: <u>N/A</u>	Packaging Type: <u>N/A</u>
Material of Construction: <u>N/A</u>	Material of Construction: <u>N/A</u>
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Package Capacity: <u>30220</u> <u>Liquid Gallon</u>	Package Capacity: <u>0</u>
Amount in Package: <u>28931</u> <u>Liquid Gallon</u>	Amount in Package: <u>0</u>
Number in Shipment: <u>1</u>	Number in Shipment: <u>0</u>
Number Failed: <u>1</u>	Number Failed: <u>0</u>

28. Provide packaging construction and test information, as appropriate:

Manufacturer: <u>N/A</u>	Manufacture Date: <u>11/01/15</u>
Serial Number: <u>N/A</u>	Last Test Date: _____
Material of Construction: <u>Steel</u> (if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)	
Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)	
Head Thickness: _____ (if Tank Car, CTMV)	
Service Pressure: _____ (if Cylinder)	
If valve or device failed:	
Type: <u>N/A</u>	Manufacturer: <u>UNKNOWN</u> (if present and legible)
	Model: <u>UNKNOWN</u> (if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial
Packaging Certification: <input type="checkbox"/> Self Certified <input type="checkbox"/> U.S. Certification Certification Number <u>N/A</u>
Nuclide(s) Present: <u>N/A</u> Transport Index: <u>N/A</u>
Activity: <u>N/A</u> Critical Safety Index: <u>N/A</u>

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: \$ 0 Carrier Damage: \$ 0 Property Damage: \$ 0 Response Cost: \$ 10000 Remediation/Cleanup Cost: \$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed, 28 tank cars released ethanol and caught fire. Tank car had severe fire damage, BOV adapter sheared off, burned out BOV valve seats, manway gasket burned out.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 9555-01-07-18.51.08.432022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 28.917 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>149</u>	How Failed: <u>310</u>	Causes of Failure: <u>509</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30370 Liquid
Gallon

Amount in Package: 28917 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: N/A

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: _____ Carrier Damage: _____ Property Damage: _____ Response Cost: _____ Remediation/Cleanup Cost: _____
\$ 0 \$ 0 \$ 0 \$ 10000 \$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: _____ Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): _____ Employees _____ Responders _____ General Public _____

Non-Hospitalized: _____ Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☐ Yes ☒ No If yes, how many? _____ (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed, 28 tank cars released ethanol and caught fire. Tank car had severe fire damage, hole in tank shell at head brace.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 6437-01-07-18.51.08.512022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 22.695 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30400 Liquid
Gallon

Amount in Package: 28933 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Manufacture Date: 10/01/20

Serial Number: N/A

Last Test Date: _____

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss: \$ 0 Carrier Damage: \$ 0 Property Damage: \$ 0 Response Cost: \$ 10000 Remediation/Cleanup Cost: \$ 0
(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

☐ Air carrier cargo facility ☐ Sort center ☐ Baggage area
☐ By surface to/from airport ☐ During flight ☐ During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facility ☐ Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed, 28 tank cars released product and caught fire. Tank car had severe fire damage, BOV adapter sheared off, manway gasket burned out.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 5603-01-07-18.51.08.272022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 18.451 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>121</u>	How Failed: <u>308</u>	Causes of Failure: <u>512</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30360 Liquid
Gallon

Amount in Package: 29027 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: TILX 731758

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:
\$ 0	\$ 0	\$ 0	\$ 10000	\$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

<input type="checkbox"/> Air carrier cargo facility	<input type="checkbox"/> Sort center	<input type="checkbox"/> Baggage area
<input type="checkbox"/> By surface to/from airport	<input type="checkbox"/> During flight	<input type="checkbox"/> During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

<input type="checkbox"/> Shipment had not been transported	<input type="checkbox"/> Transported by air (first flight)	<input type="checkbox"/> Transport by air (subsequent flights)
<input type="checkbox"/> Initial transport by highway to cargo facility	<input type="checkbox"/> Transfer at sort center/cargo facility	

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed, 28 tank cars released ethanol and caught fire. Tank car had severe fire damage, manway gasket burned out.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other



Hazardous Materials Incident Report

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INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: ☒ A) A hazardous material incident ☐ B) An undeclared shipment with no release
☐ C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: ☒ An initial report ☐ A supplemental (follow-up) report ☐ Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/08/22 4. Time of Incident (use 24-hour time): 09:53
5. Enter National Response Center Report Number (if applicable): NA
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: Oklaunion County: Wilbarger State: TX ZIP Code (if known): 76373
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile 154.97
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ n Transit Storage
10. Carrier/Reporter Name BNSF Railway Company
Street 2500 Lou Menk Drive
City Fort Worth State TX ZIP Code 76131
Federal DOT ID Number 281683 Hazmat Registration Number 062615552003XZ
11. Shipper/Offoror Name Hereford Ethanol Partners LP
Street 4300 County Road 8
City Hereford State TX ZIP Code 79045
Waybill/Shipping Paper 1905-01-07-18.51.08.362022 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street Same as shipper
City _____ State _____ ZIP Code _____
13. Destination Street 5101 Lone Star Blvd
City Fort Worth State TX ZIP Code 76101
14. Proper Shipping Name of Hazardous Material: Alcohols N.O.S. 3, II
15. Technical/Trade Name: Ethanol
16. Hazardous Class/ Division: 3 17. Identification Number: 1987 (E.g. UN2764, NA 2020) 18. Packing Group: II (if applicable) 19. Quantity Released: 22.445 Liquid Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? ☐ Yes ☒ No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input checked="" type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other <u>N/A</u> |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: <u>149</u>	How Failed: <u>309</u>	Causes of Failure: <u>509</u>
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: 117J100W

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only): ☐ Removable ☐ Non - Removable

Single Package or Inner Packaging (if any):

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 30360 Liquid
Gallon

Amount in Package: 28932 Liquid
Gallon

Number in Shipment: 1

Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity: 0

Amount in Package: 0

Number in Shipment: 0

Number Failed: 0

28. Provide packaging construction and test information, as appropriate:

Manufacturer: N/A

Serial Number: TILX 731762

Material of Construction: Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: _____ (if Tank Car, CTMV, Portable Tank)

Shell Thickness: _____ (if Tank Car, CTMV, Portable Tank)

Head Thickness: _____ (if Tank Car, CTMV)

Service Pressure: _____ (if Cylinder)

If valve or device failed:

Type: N/A Manufacturer: UNKNOWN Model: UNKNOWN

(if present and legible)

(if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category: ☐ Type A ☐ Type B ☐ Type C ☐ Excepted ☐ Industrial

Packaging Certification: ☐ Self Certified ☐ U.S. Certification Certification Number N/A

Nuclide(s) Present: N/A Transport Index: N/A

Activity: N/A Critical Safety Index: N/A

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): ☒ Spillage ☒ Fire ☐ Explosion ☐ Material Entered Waterway/Storm Sewer
☐ Vapor (Gas) Dispersion ☐ Environmental Damage ☐ No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)

☐ Fire/EMS Report # _____ ☐ Police Report # _____ ☐ In-house cleanup ☒ Other Cleanup

32. Damages: Was the total damage cost more than \$500? ☒ Yes ☐ No

If yes, enter the following information: If no, go to question 33.

Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:
\$ 0	\$ 0	\$ 0	\$ 10000	\$ 0

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? ☐ Yes ☒ No

If yes, enter the number of fatalities resulting from the hazardous material:

Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? ☐ Yes ☒ No

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____

Non-Hospitalized: Employees _____ Responders _____ General Public _____

(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? ☐ Yes ☒ No

If yes, provide the following information:

Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____

Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? ☒ Yes ☐ No If yes, how many? 4 (hours)

37. Was the material involved in a crash or derailment? ☒ Yes ☐ No

If yes, provide the following information: Estimated speed (mph): 49 Weather conditions: Clear

Vehicle overturn? ☐ Yes ☒ No

Vehicle left roadway/track? ☒ Yes ☐ No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? ☐ Yes ☐ No

If yes, was it tendered as cargo, or as passenger baggage?

☐ Cargo ☐ Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

<input type="checkbox"/> Air carrier cargo facility	<input type="checkbox"/> Sort center	<input type="checkbox"/> Baggage area
<input type="checkbox"/> By surface to/from airport	<input type="checkbox"/> During flight	<input type="checkbox"/> During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

<input type="checkbox"/> Shipment had not been transported	<input type="checkbox"/> Transported by air (first flight)	<input type="checkbox"/> Transport by air (subsequent flights)
<input type="checkbox"/> Initial transport by highway to cargo facility	<input type="checkbox"/> Transfer at sort center/cargo facility	

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

On January 8, 2022 a Key Train of Ethanol derailed, 28 tank cars released ethanol and caught fire. Tank car had severe fire damage, B end head shield and tank shell head punctured.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Paul Hester

Telephone Number: ()

Contact's Title: Mgr Haz Mat

Fax Number: ()

Business Name and Address: BNSF Railway Company

Hazmat Registration Number (if not already provided):

2600 Lou Menk Drive, Fort Worth, Texas 76131

062615552003XZ

E-mail Address:

Date: 02/03/22

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other